

**CEMETERY AND FUNERAL BUREAU**

P. O. Box 989003

West Sacramento, CA 95798-9003

(916) 574-7870 Fax (916) 574-8620



Crematory License 2007 1st Quarter Report

| |
|----------------------------|
| <i>For Bureau Use Only</i> |
| License Number |
| Receipt Number |
| Date Processed |

Due on or before: **April 30, 2007**

Crematory Name: _____

License No.: _____

List the total number of cremations performed from January 1, 2007 through March 31, 2007.

| | | |
|----|--------------------------------|------------------------|
| A. | Number of cremations performed | _____ x \$8.50 = _____ |
| | Total Due | \$ _____ |

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
Signature: _____

Date: _____

Name (print): _____

Title: _____

Telephone: _____

**CEMETERY AND FUNERAL BUREAU**

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Crematory License 2007 2nd Quarter Report

| |
|----------------------------|
| <i>For Bureau Use Only</i> |
| License Number |
| Receipt Number |
| Date Processed |

Due on or before: July 31, 2007

Crematory Name: _____

License No.: _____

List the total number of cremations performed from April 1, 2007 through June 30, 2007.

| | | |
|----|--------------------------------|------------------------|
| A. | Number of cremations performed | _____ x \$8.50 = _____ |
| | Total Due | \$ _____ |

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____

Telephone: _____

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Crematory License 2007 3rd Quarter Report

| |
|----------------------------|
| <i>For Bureau Use Only</i> |
| License Number |
| Receipt Number |
| Date Processed |

Due on or before: October 31, 2007

Crematory Name: _____

License No.: _____

List the total number of cremations performed from July 1, 2007 through September 30, 2007.

| | | |
|----|--------------------------------|------------------------|
| A. | Number of cremations performed | _____ x \$8.50 = _____ |
| | Total Due | \$ _____ |

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____

Telephone: _____

**CEMETERY AND FUNERAL BUREAU**

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Crematory License 2007 4th Quarter Report

| |
|----------------------------|
| <i>For Bureau Use Only</i> |
| License Number |
| Receipt Number |
| Date Processed |

Due on or before: January 31, 2008

Crematory Name: _____

License No.: _____

List the total number of cremations performed from October 1, 2007 to December 31, 2007.

| | | |
|----|--------------------------------|------------------------|
| A. | Number of cremations performed | _____ x \$8.50 = _____ |
| | Total Due | \$ _____ |

Please make your check payable to the "Cemetery and Funeral Bureau" and send to the P.O. Box listed above.

Authorized
 Signature: _____

Date: _____

Name (print): _____

Title: _____

Telephone: _____